



ARIZONA DEPARTMENT
OF HEALTH SERVICES

PREPAREDNESS

Fatality Management Plan

Arizona Department of Health Services

October 2019

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Record of Distribution

Date	Recipient	Platform
10/2019	PHEP Coordinators (County and Tribes)	ADHS Website
10/2019	Healthcare Coalition Coordinator	ADHS Website
10/2019	Department of Emergency and Military Affairs	ADHS Website
10/2019	ADHS Staff (HEOC Staff)	ADHS Website & Annual Plans Training
10/2019	Public	ADHS Website

Record of Changes

ADHS maintains the Fatality Management Plan as a living document intended to be annually reviewed and revised, with input from all stakeholders.

PLAN REVIEW, EVALUATION, AND CHANGES		
Date of Change	Location of Change	Description of Change
06/2019	Throughout	<ul style="list-style-type: none"> • Remove duplicate statements • Refine the Plan: to update ME Office information including adding Pima County ME as the de-facto ME for Santa Cruz and Cochise • Update Sections II, III, V, links, and all appendices • Add an acronym/abbreviation list. • Remove Appendix C & Task Assignment Process • Add a Record of Change page and a Plan Maintenance Section
06/2018	Throughout	<ul style="list-style-type: none"> • Update the plan with the new ADHS Logo • Update to align with DEMA 2018 SERRP, PHEP & HPP Cooperative Agreement-TP17-1701 • Remove 'Mass' from the entire document where appropriate • Update links in the document • Update all appendices
06/2015	New Plan	New Plan

ADHS is committed to ongoing training, exercise, and engagement for the Fatality Management Plan, to validate public health and healthcare capabilities.

TRAINING, EXERCISE, AND ENGAGEMENT ACTIVITY			
Date	Summary of Activity	Partners Involved	Entry Made By

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Purpose

The Arizona Department of Health Services (ADHS) Fatality Management Plan (FMP) defines National Incident Management System (NIMS) compliant roles and responsibilities for ADHS and local public health agencies in managing a Mass Fatality Incident (MFI). The FMP is an annex to ADHS All-Hazard Emergency Response Plan (AHERP).

The ADHS FMP also includes a Fatality Management Planning Toolkit (FMPT) that was specifically developed to provide a framework for local public health agencies in the development of a comprehensive fatality response and recovery plan for the management of a MFI during large-scale disasters, smaller, more localized incidents as well as long-term events. This plan, along with the toolkit, makes a statewide, integrated plan to address fatality management and response in Arizona that arises from a MFI.

The purpose of the FMP is to develop strategies that enhance the ability of ADHS and local public health agencies to work with other jurisdictional authorities (e.g., medical examiner (ME), emergency management, and law enforcement) during a MFI. This plan will identify ADHS roles and responsibilities, and actions to be taken during the state response to support impacted jurisdictions, and to develop a coordinated approach for the management of resources while responding to MFI.

Scope

ADHS will:

- Provide planning and coordination for public health, healthcare delivery, and emergency response systems to minimize or prevent health emergencies from occurring; detect and characterize health incidents; provide medical care and human services to those affected; reduce public health and human service effects on the community; and enhance community resiliency to respond to a disaster.
- Support operations of the jurisdictional medico-legal authorities in carrying out their fatality management responsibilities (having specialized teams and equipment to conduct victim identification, grief counseling and consultation, and reunification of remains and effects to authorized persons).
- Identify strategies to prevent risk to the health of the people living in impacted areas:
 - Determine and recommend appropriate measures to prevent human disease.

- Consult with Center for Disease Control and Prevention (CDC) if appropriate.
- Assist in determining appropriate personal protective equipment (PPE) for response personnel.
- Support operations by providing information about health issues such as immunizations, food safety and water purification, and hygiene.
- Determine mortuary affairs policy recommendations as they pertain to public health and coordinate with the affected county and tribal public health department(s).
- Support funeral establishments, county vital records, and county ME offices in using the Electronic Death Registration (EDR) system for reporting human remains.
- Assist county vital records to ensure timely recording of death statistics, vital records forms, and availability of death certificates to the family.
- Separate disaster records from the normal office records when needed.

Situation Overview

A. Public Health Incident Management System (PHIMS)

ADHS incorporates elements of the National Incident Management System (NIMS) into its emergency response plans. The Department's incident command structure, the Public Health Incident Management System (PHIMS), is NIMS compliant (APPENDIX-A). PHIMS provides for the integration of various program activities into a cohesive response for an emergency and is modular as it can expand or contract to fit the nature of the emergency. ADHS will utilize the Health Emergency Operations Center (HEOC), implementing components of PHIMS, in accordance with the ADHS HEOC Standard Operating Procedure (SOP).

B. Background

Several disastrous incidents in recent history have demonstrated the need to acknowledge and strengthen jurisdictional fatality management planning and response. In past two decades, several deadly disasters with large number of fatalities occurred across the World, United States, and Arizona. Examples include:

WORLDWIDE

- March 15 2019, one shooter murdered 49 people including women and children, and seriously injured 48 more at two mosques in Christchurch, New Zealand.

- The November 13 2015 Paris, France terrorist attacks killed 130 people; 413 people were injured of whom 100 were seriously injured.
- The Earthquake in Haiti in 2010 resulting in 316,000 deaths.
- The Indian Ocean Tsunami in 2004, resulting in over 250,000 deaths.

UNITED STATES

- A deadly mass shooting at the Marjory Stoneman Douglas High School in Parkland, Florida, killed 17 people on February 14, 2018.
- The Las Vegas shooting (October 1 2017) when a gunman opened fire on a crowd, leaving 58 people dead and 851 injured.
- Hurricane Harvey (August-September 2017), resulted in 106 fatalities in the United States
- Hurricane Sandy, devastated the coastlines of New York and New Jersey in late October 2012, caused at least 147 deaths directly tied to storm.
- Hurricane Katrina in 2005 producing over 1,500 fatalities.
- The September 11, 2001 tragic events in New York City resulting in 3,000 fatalities.

ARIZONA

- Yarnell Hill Fire in 2013 resulting in 19 City of Prescott firefighters' deaths.

All these catastrophic events have drawn political and public health attention to the necessity of preparing for incidents that produce overwhelming number of fatalities.

Arizona and its counties are exposed to many threats, all of which have the potential for disrupting the community infrastructure, causing casualties, damaging or destroying public and private properties and resulting in a large number of fatalities. Pre-event planning, a thorough knowledge of the organizational requirements, roles and responsibilities, and a systematic response action to a catastrophic mass fatality event will prove effective and beneficial during a MFI.

C. Overview

- Mass human fatalities may occur anywhere in Arizona as the result of natural, accidental and manmade catastrophic events, disasters, or public health emergencies.

- Primary responsibility for the investigation, recovery, management of human remains, management of death certification, and notification of next-of-kin or a family member resides within the authority of the county ME office.
- If a person dies on an Indian reservation and a county ME is not available, the tribal law enforcement authority, acting in an official investigative capacity, may complete and sign the medical certification of death Arizona Revised Statutes (ARS § 36-325).
- A MFI involves more dead bodies or body parts than can be located, identified, and processed for final disposition by available response resources.
- ME offices in Arizona:
 - The ME Offices in Arizona are located in seven (7) counties: Coconino, Maricopa, Mohave, Pima, Pinal, Yavapai, and Yuma counties (APPENDIX-B).
 - Pima County Office of Medical Examiner (PCOME) is also the *de-facto appointed* ME for Santa Cruz County and Cochise Counties. Additionally, PCOME contracts with seven other smaller counties for investigations, autopsy examinations and certification of deaths: Apache, Gila, Graham, Greenlee, La Paz, Navajo and Yuma.
 - Apache, Graham, Greenlee, La Paz and Navajo Counties (5-Counties) contracts with an appointed non-Forensic Pathologist physician(s), termed an Alternate Medical Examiner(s) (AME)—ARS §11-591; who triage, investigates and certifies deaths in each respective county. However, the AME does not perform autopsy examinations and if the AME deems an autopsy is necessary to certify the cause and manner of death, the decedent may be referred to the PCOME for an examination and death certification.
 - Gila County contracts with an appointed Forensic Pathologist ME, who triages, investigates and certifies deaths that fall under the jurisdiction of the ME in Gila County. The Gila County ME performs some autopsy examinations in Payson if the ME deems an autopsy is necessary to certify the cause and manner of death. Additionally, the ME may refer some decedents from Gila County to the PCOME for an examination and death certification as necessary.
 - Yuma County contracts with, and appoints the pathology group at Yuma Regional Medical Center, as the ME for Yuma County. Some decedents (typically suspected homicides) are referred to the PCOME for an examination

and death certification at the discretion of the Yuma County Medical Examiner's Office.

- ME offices have the ability to expand capacity by contracted services and additional resource strategy.
- Standards, protocols, and access to highly specialized technical or laboratory services in each ME office vary from county to county.
- A MFI will present unique challenges on personnel, equipment, and cold storage capacity to handle significant numbers of deceased victims, and related supplies.
- Arizona maintains an Electronic Death Registration (EDR) system for reporting death or human remains: funeral establishments, county vital records, and county ME offices use EDR system for reporting death or human remains.
- Assistance from federal, public, and private agencies will be required to support in the search and recovery, transportation, tracking, removal, processing, identification, PPE selection, and final disposition of victims and remains.
- The Arizona Department of Emergency and Military Affairs (DEMA) will serve as the mechanism to request, provide, and coordinate state resources.
- ADHS will support county/tribal agencies through coordinating the resource requests with DEMA.
- Arizona Mutual Aid Compact (AZMAC) is in place to coordinate in-state resources via DEMA-Link to AZMAC Info/Resources:
https://dema.az.gov/sites/default/files/AZMAC_faq.pdf.
- Under a declared emergency, and when local resources have been exhausted or unavailable, Emergency Mutual Aid Compact (EMAC)¹ will be used to coordinate out-of-state resources through DEMA. EMAC was ratified by the U.S. Congress in 1996.
- Link to Emergency Management Assistance Compact (EMAC) Info/Resources:
<https://www.emacweb.org/>. Please also review ARS § 26-402:
<https://www.azleg.gov/ars/26/00402.htm>.
- The State Emergency Operation Center (SEOC) Health/Medical Branch Director coordinates with emergency management via the EMAC A-team Lead to define the emergency service functions and details for which assistance is needed. A

¹ The Emergency Management Assistance Compact (EMAC) is a type of interstate mutual aid agreement that facilitates the sharing of assistance among states during emergency events, including natural and man-made disasters. Use this link for details: <https://www.emacweb.org/>.

reasonable estimate of length of time will need to be established, logistical considerations for staging, reimbursement, and liability issues must be clarified, and the request procedures/protocols will be implemented via existing request systems.

- Federal resource requests will be coordinated by DEMA as guided under the National Response Framework (NRF).

D. Planning Assumptions

- Each county (or the contracted ME Office-for example, Mohave) in Arizona has developed a county fatality management and response plan with applicable standard operating procedures.
- All jurisdictional partners are working in collaboration, and using NIMS guidelines.
- A MFI may quickly overwhelm the resources of counties in Arizona and it may be several days before a coordinated response can begin. Funeral homes and mortuaries may not have the capacity to process the deceased and human remains in an expected manner and will likely seek assistance at the regional and/or state level.
- A MFI may present a situation that requires extensive identification issues (i.e. explosion, fire, building collapse or transportation incident, etc.) or a situation where the fatalities continue to escalate over a period of time (i.e. pandemic, biological, chemical, etc.). In such instance, it may take a considerable length of time to recover, identify and determine the cause and manner of death.
- Individuals handling human body parts and cadavers will be at risk of blood borne or body fluid exposure. PPE will be required for all personnel handling human remains to enhance the Universal Precaution to protect against potential diseases and infections.
- The Governor may declare a State of Emergency to relax legal and regulatory aspects of fatality management during a MFI.
- There will be public concerns on health and safety risks in the aftermath of a MFI. Risk communication messaging must be carefully crafted, informing and advising the public on how to protect themselves. It is essential that accurate scientific-based information be available to the public in a timely manner.
- A MFI will place extraordinary demands (including tremendous religious, cultural, and emotional burdens) on local jurisdictions and the families of victims, creating

significant impact on the need for behavioral health and Critical Incident Stress Debriefing assistance.

- Funeral establishments, county vital records, and county ME offices will use the EDR system for reporting human remains- a system that is required to report all deaths-natural, accidental or manmade in Arizona.

Concept of Operations

The National Incident Management System (NIMS) structure and practice protocols will be used as recommended in the National Response Framework (NRF).

In accordance with State law, each county/tribal ME is the person responsible for investigation, recovery, and body disposition or release within their respective jurisdiction—ARS § 11-593 through § 11-600: <https://www.azleg.gov/arsDetail/?title=11>.

ADHS is the lead agency for Public Health and Medical Services in Arizona; ADHS will provide coordination and supplemental support to the local jurisdictions (MEs, county public health, tribal public health, healthcare facilities etc.) as requested and needed during a MFI operation. ADHS will play the role of liaison with federal partners, with Regional Emergency Coordinator (REC), affected counties, tribes and DEMA when AZMAC or EMAC are activated or a federal resource request is initiated.

ADHS will utilize triggers in the ADHS-AHERP to activate the HEOC; maintain contact with affected jurisdiction(s); provide situation awareness reports to all county/tribal public health, healthcare facilities, and DEMA; and coordinate resources through SEOC. ADHS will also provide status updates to the Governor's Office upon request.

In the event of a MFI, mutual aid resources and certain federal assets may be needed to support local ME activities, as well as to coordinate public and private assistance to grieving families. Coordination of such requests between local jurisdiction(s) and DEMA will be done by ADHS through the HEOC. For information on Arizona Mutual Aid Compact (AMAC), please use following link to AZ MAC Info/Resources: https://dema.az.gov/sites/default/files/AZMAC_faq.pdf.

ADHS Bureau of Public Health Emergency Preparedness (PHEP), Bureau of Epidemiology and Disease Control (EDC), and the Bureau of Vital Records (BVR) will have a support and lead role during a MFI operation.

In the event of a MFI that is caused by a communicable or infectious diseases, ADHS (as the designated lead agency for health and medical services), will have additional responsibilities for decision making, data collection, laboratory services, healthcare facility readiness, and action steps regarding the safety and protection of people and control of the outbreak. ADHS may also be involved in field operations (visitation to morgue, and Family Assistance Centers) to provide experts and personnel support. Please refer to Arizona Pandemic Influenza Response Plan at: <https://azdhs.gov/emergencyplans>.

Organizations and Assignment of Responsibilities

During a MFI, following agencies are designated as primary, lead and the support agencies in the (State Emergency Response and Recovery Plan (SERRP) 2019.

Lead Agency

- Arizona Department of Health Services (ADHS)
 - Bureau of Public Health Emergency Preparedness (BPHEP)
 - Bureau of Epidemiology and Disease Control (BEDC)
 - Bureau of Vital Record (BVR)

Primary agency for investigation of fatalities

- Local ME Office(s)

Support Agencies

Federal

- Assistant Secretary of Preparedness and Response (ASPR)
- Department of Defense (DoD)
- Federal Emergency Management Agency (FEMA)
- National Disaster Medical System (NDMS)
- Disaster Mortuary Response Team (DMORT)

State

- Arizona Department of Emergency and Military Affairs (DEMA)-Emergency Management

- Arizona Commission for the Deaf & Hard-of-Hearing (ACDHH)
- Arizona Department of Public Safety (ADPS)
- Arizona Department of Transportation (ADOT)
- Arizona Health Care Cost Containment System (AHCCCS)
- Arizona Attorney General's Office (AZGA)
- Arizona Veterinary Medical Association (AZVMA)
- State Board of Funeral Directors and Embalmers

County

- County Public Health (CPH)
- County Emergency Management (CEM)
- County Sheriff's Office (CSO)

Voluntary

- Arizona Funeral Directors Association
- Mental Health Association of Arizona (MHA AZ)
- Arizona Voluntary Organizations Active in Disaster (VOAD)
- American Red Cross (ARC)
- Citizens Corps Program- Medical Reserve Corps (MRC)
- Regional Behavioral Health Authorities (RBHA)
- Tribal Regional Behavioral Health Authorities (TRBHA)
- Providers subcontracted with RBHA and TRBHA

A. Lead Agency:

Arizona Department of Health Services (ADHS)

During a MFI, ADHS will coordinate with the jurisdictional public health department, Health Care Coalition (HCC) and other community partners, including law enforcement, emergency management, and MEs to ensure proper tracking, transportation, handling, and storage of human remains. ADHS will support access to mental and behavioral health services for responders and families impacted by an incident.

ADHS will provide support services to the local jurisdictions as requested; and provide and coordinate health and medical resources between local, state and federal agencies. ADHS will:

- Activate and staff its Health Emergency Operations Center (HEOC).

- Provide leadership in coordinating and integrating overall state efforts to provide public health and medical assistance to the affected area.
- Request appropriate organizations to activate and deploy health and medical personnel, equipment, and supplies in response to requests for state public health and medical assistance via SEOC.
- Coordinate directly with federal health and medical authorities (e.g. USDHHS, CDC, USPHS, USFDA, etc.).
- Assist and support county, local, and tribal governments and state agencies in conducting public health disease surveillance and procuring and administering pharmaceuticals in response to emergency public health incidents.
- ADHS may also assist affected jurisdiction(s) in the identification of a site and the establishment of Family Assistance Center (FAC).
- ADHS Public Information Officer (PIO) will create press releases for the media concerning the MFI, conduct press conferences, provide updates on MFI, and assist county PIOs in working with media.
- ADHS HEOC will support the Continuity of Operations Planning (COOP) plan activation if necessary.

ADHS, through HEOC coordination process, may coordinate resources with support agencies to assist county ME offices in obtaining:

- Temporary interment or interim storage of human remains until final disposition can be accomplished.
- Storage area (with refrigeration) where remains can be processed for family members.
- A storage area for personal effects- local procedures for inventorying personal effects may be incorporated into federal inventory procedures.
- Supplies and equipment (e.g., pouches and litters) may be needed for large numbers of decedents.
- Requests for additional security may come to the HEOC. Security is required for DMORT and OME operations. The HEOC will forward security requirements to the SEOC.
- Facilitate the request for additional health and medical personnel in coordination with county, state, and federal agencies through SEOC.

ADHS-Bureau of Public Health Emergency Preparedness (BPHEP) will:

- Set up the HEOC and support the local public health response to a MFI.

- Meet daily or as determined by the HEOC Manager for situational awareness.
- Coordinate resource requests as required between counties, tribes, DEMA, and federal partners.
- Resource Request will follow local emergency management protocol
- Utilize the Health Alert Network (HAN) to communicate with county health officials, hospitals, physicians, laboratory directors, community health centers, childcare centers, schools, health volunteers and other partner agencies.

ADHS—Bureau of Vital Records (BVR)

During a mass fatality incident, ADHS-BVR will:

- Ensure that funeral establishments, county vital records, and county ME offices are using the EDR system for registration and issuance of all deaths occurring in Arizona.
- Assist county vital records staff to ensure timely registration of death events and utilization of required jurisdictional forms.
- Assist county vital records with issuance of death certificates to the family.
- Denote disaster records from the normal office records.
- The ADHS Bureau of Vital Records (BVR) is responsible for the registration and security of Court Orders of Presumptive Death. If a decedent is subsequently identified, an amended death certificate may be issued and all related documents are moved to the identified remains file.
- Assist affected county(s) in the operation of deceased (victim) family reception center(s) during identification and death certification processes.

ADHS—Bureau of Epidemiology and Disease Control (BEDC) will:

- Provide epidemiological support and coordination between county, CDC and HHS.
- Identify strategies to prevent risk to the health of the people living in impacted areas.
- Coordinate the initiation of appropriate disease control measures at all levels of public health, including local health departments, tribal health departments, schools, and healthcare facilities.
- Provide incident-specific guidance on appropriate preventive protections (PPE) for responders engaged in mass fatality operations.

- Determine mortuary affairs policy recommendations as they pertain to public health and coordinate with the affected county and tribal public health department(s).
- Support operations by providing information about health issues such as immunizations, food safety, water purification, and hygiene.

B. Primary agency for investigation of fatalities:

Medical Examiner's Office

County MEs should be involved in preparation for a catastrophic incident like MFIs in order to be ready to manage additional deaths and body parts. During a MFI, in accordance with State law, each county/tribal medical examiner (ME) is the person responsible for investigation, recovery, and body disposition or release within their respective jurisdiction—ARS § 11-593 through § 11-600:

<https://www.azleg.gov/arsDetail/?title=11>. For specific role and responsibility of a ME, please refer to each county ME Office Fatality Management Plan.

C. Support Agencies:

Arizona Department of Emergency and Military Affairs (DEMA)

(Extracted from SERRP 2019, page ESF8-4)

- Coordinate logistical and fiscal activities supporting priorities
- Act as liaison between ADHS and state agencies. ADHS will request assistance from state agencies through the SEOC Operations Section.
- Coordinate the activation and implementation of state resources.
- Assist in the provision of medical supplies and services.
- In conjunction with Arizona Department of Public Safety (DPS), may request activation/deployment of the Metropolitan Medical Response System (MMRS).
- For details, please visit: https://dema.az.gov/sites/default/files/publications/EM-PLN_SERRP.pdf.

County Health Departments

During a MFI, ADHS will provide support services to the local jurisdictions as requested; and provide and coordinate health and medical service resources between local, state, and federal agencies.

For specific role and responsibility, please refer to each county's Fatality Management Plan.

Health Care Coalition (HCC)

During a fatality management response, the HCC will work with local health departments and relevant jurisdictional authorities to establish effective support for health care system resiliency and medical surge. HCC may also facilitate information sharing among participating health care organizations and with jurisdictional authorities to promote common situational awareness. For more detail, please refer to the Arizona Health Care Coalition Plans and protocols.

Healthcare Facilities

ADHS will coordinate with respective county health departments on resource needs for the healthcare facilities in their jurisdictions.

Direction, Control, and Coordination

Coordination and control of fatality response operations will be exercised in accordance with SERRP, Arizona Revised Statutes (ARS), the ADHS AHERP, and in accordance with the NIMS and NRF requirements.

MEs are responsible to certify the cause and manner of death following completion of the death investigation, reduce the findings to writing and promptly make a full report on forms prescribed for that purpose—ARS § 11-593 through § 11-600:

<https://www.azleg.gov/arsDetail/?title=11>.

Responsibility for immediate response to an incident typically rests with local authorities and first responders, as augmented by inter-jurisdictional mutual aid and, upon request, the respective county and then the State. Please review the Arizona Mutual Aid Compact (AMAC): https://dema.az.gov/sites/default/files/AZMAC_faq.pdf and the Emergency Management Assistance Compact (EMAC) Info/Resources: <https://www.emacweb.org/>.

All requests made by affected jurisdictions will go through the State Emergency Operation Center (SEOC) and routed through Health and Medical Branch Director and the ADHS-HEOC.

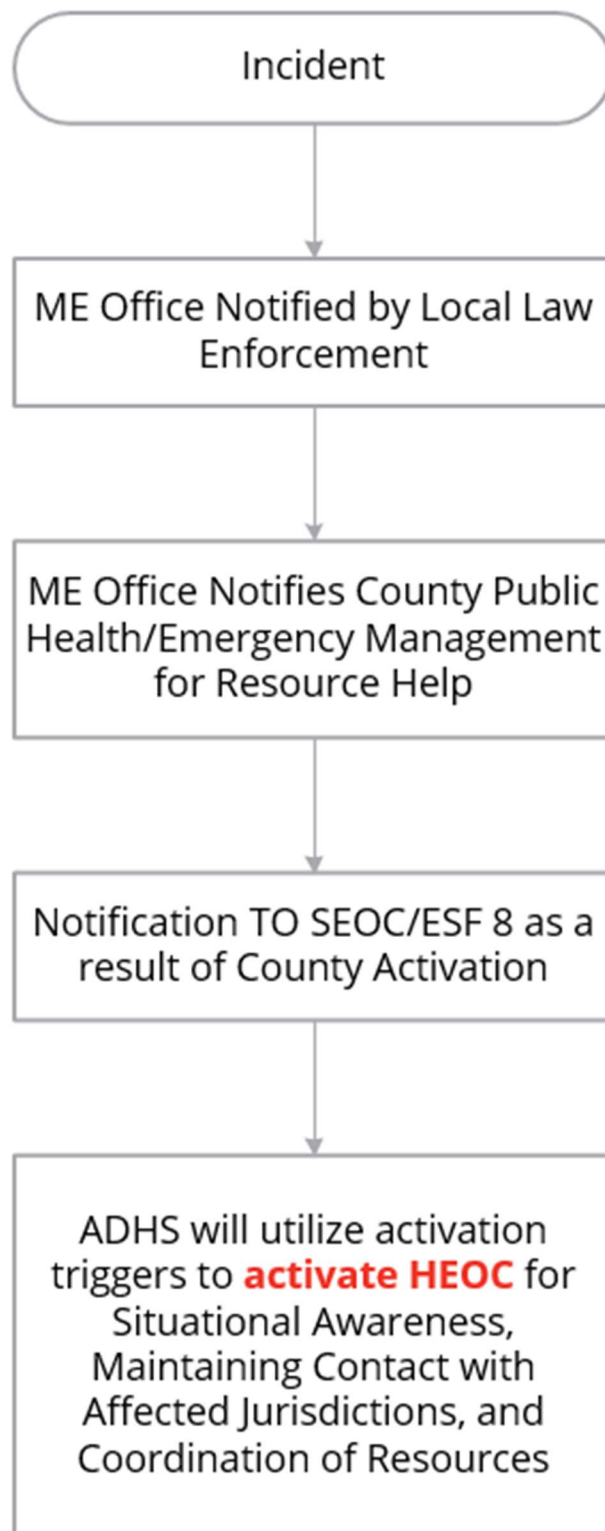
A. Activation of FMP

- After the initial MFI notification, ADHS may organize a conference call with the appropriate organizations: local health departments, tribal governments and the HCCs to discuss the situation and determine the appropriate response actions.
- As the need for and scope of mass fatality incident is established, the ADHS Director may recommend activation of the fatality management plan fully or partially.
- ADHS will then utilize the HEOC-SOP 'Activation Triggers' to activate the HEOC, fully or partially, in order to maintain contact with affected jurisdiction(s), and provide support and coordination when needed or requested.

B. Volunteer Management

- ADHS maintains Emergency System for Advance Registration of Volunteer Health Professional (ESAR-VHP) database, which includes volunteers profile, credentials and certifications.
- During a declared emergency, ESAR-VHP may be activated. ADHS will assist local public health and healthcare facilities in assessing the volunteer need.
- The requesting entity should work with local public health and follow their local plans.

C. MFI Notification Protocol



Administration, Finance, and Logistics

A. Continuity of Operations (COOP)

- ADHS will activate the agency's COOP when needed.

B. Expenditures and Record Keeping

During declared emergencies, impacted jurisdiction(s) and other responding agencies are responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement.

C. Plan Development and Maintenance

The development of this plan is based on certain assumptions and the existence of specific resources and capabilities may be subject to change. The maintenance of this plan (review and revision) including supporting documents involves three types of edits—1) Minor Technical Revisions, 2) Major Technical Revisions, or 3) Complete Plan Overhaul. Revisions will reflect changes in statutes, rules and regulations, implementation procedures, improved capabilities, and correction of gaps identified in exercises and actual incidents.

In collaboration with stakeholders, PHEP takes the lead in reviewing and revising the plan to ensure:

1. The plan will be evaluated using the Homeland Security Exercise and Evaluation Program (HSEEP) guidelines and include after action reporting and improvement planning following real-world responses, drills, and exercises at least annually. ADHS and stakeholder participation will vary and is dependent on the scope of the exercise or event. Improvement planning will involve jurisdictional and community partner feedback and collaboration. The associated corrective actions, lessons-learned, and best practices will be integrated as appropriate.
2. The maintenance of the plan will include a review by communicating through email, telephone, or in-person meetings. This will occur at a minimum of every two years in conjunction exercise or real-world event.
3. All plans will be shared with leadership for review and approval.
 - Plans not classified as "Confidential" will be posted on the ADHS website to allow for public feedback prior to the finalization of the plan.

- Plans that are classified as “Confidential” will be shared with the planning team to allow for feedback prior to finalization of the plan.
4. Plan revision will occur through review by ADHS and stakeholders at a minimum of every three years. Revision of the plan can be accomplished by communicating through email, telephone, or in-person meetings. Plan revision will include a new plan effective date.
 5. The revised plan will be posted to the ADHS public-facing website and the agency’s secure information sharing portal. A hard copy of the plan will be filed with the ADHS Bureau of Public Health Emergency Preparedness Office, 150 North 18th Ave, Suite 150, Phoenix, AZ 85007 (602-364-3289 or partner@integration@azdhs.gov).

PHEP will notify ADHS, stakeholders, and other partners through email when significant changes are made to the plan. The plan will be shared with stakeholders to promote alignment between local and state-level emergency response planning.

Authorities and References

Nothing in this document should interfere with or take the authority of the local ME in carrying out their duties and responsibilities during a mass fatality incident.

A. Federal

1. Aviation Disaster Family Assistance Act of 1996
2. Foreign Air Carrier Family Support Act of 1997
3. Rail Passenger Disaster Family Assistance Act of 2008
4. National Response Framework (NRF), Emergency Support Function 8 (ESF-8)

B. State

1. Arizona Revised Statutes—ARS §-Title 32 (Professions and Occupations), Chapter 12 Funeral Directors and Embalmers), Article 1 (Board of Funeral Directors and Embalmers) <https://www.azleg.gov/arsDetail/?title=32>.
2. ARS §-Title 32 (Professions and Occupations), Chapter 20 (Real Estate), Article 6 (Organization and Regulation of Cemeteries)—<https://www.azleg.gov/arsDetail/?title=32>.
3. ARS §-Title 36 (Public Health & Safety), Chapter 3 (Vital Records and Public Health Statistics), Article 3 (Death Registration and Birth Registration Certificate Requirements)—<https://www.azleg.gov/arsDetail/?title=36>.

4. ARS §-Title 36 (Public Health & Safety), Chapter 7- 36-803 thru 36-808 (Disposition of Human Bodies)—<https://www.azleg.gov/arsDetail/?title=36>.
5. Arizona State Emergency Response and Recovery Plan (SERRP)

C. Local

1. ARS §-Title 11 (Counties), Chapter 3 (County Officers), Article 12 (County Medical Examiner)—<https://www.azleg.gov/arsDetail/?title=11>.

D. HIPAA

The HIPAA Privacy Rule that restricts disclosure of patient information is not suspended during emergency response because of a MFI. However, the Secretary of HHS may waive certain provisions of the Rule under the Project Bio shield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act (Public Law).

Regardless of the activation of an emergency waiver, the HIPAA Privacy Rule permits disclosures for treatment purposes and certain disclosures to disaster relief organizations. For instance, the Privacy Rule allows covered entities to share patient information with the American Red Cross so it can notify family members of the patient's location (See 45 CFR 164.510(b)(4) (Code of Federal Regulations)).

US Department of Health and Human Services:

<https://www.hhs.gov/hipaa/for-professionals/faq/1068/is-hipaa-suspended-during-a-national-or-public-health-emergency/index.html>.

Acronyms and Abbreviations

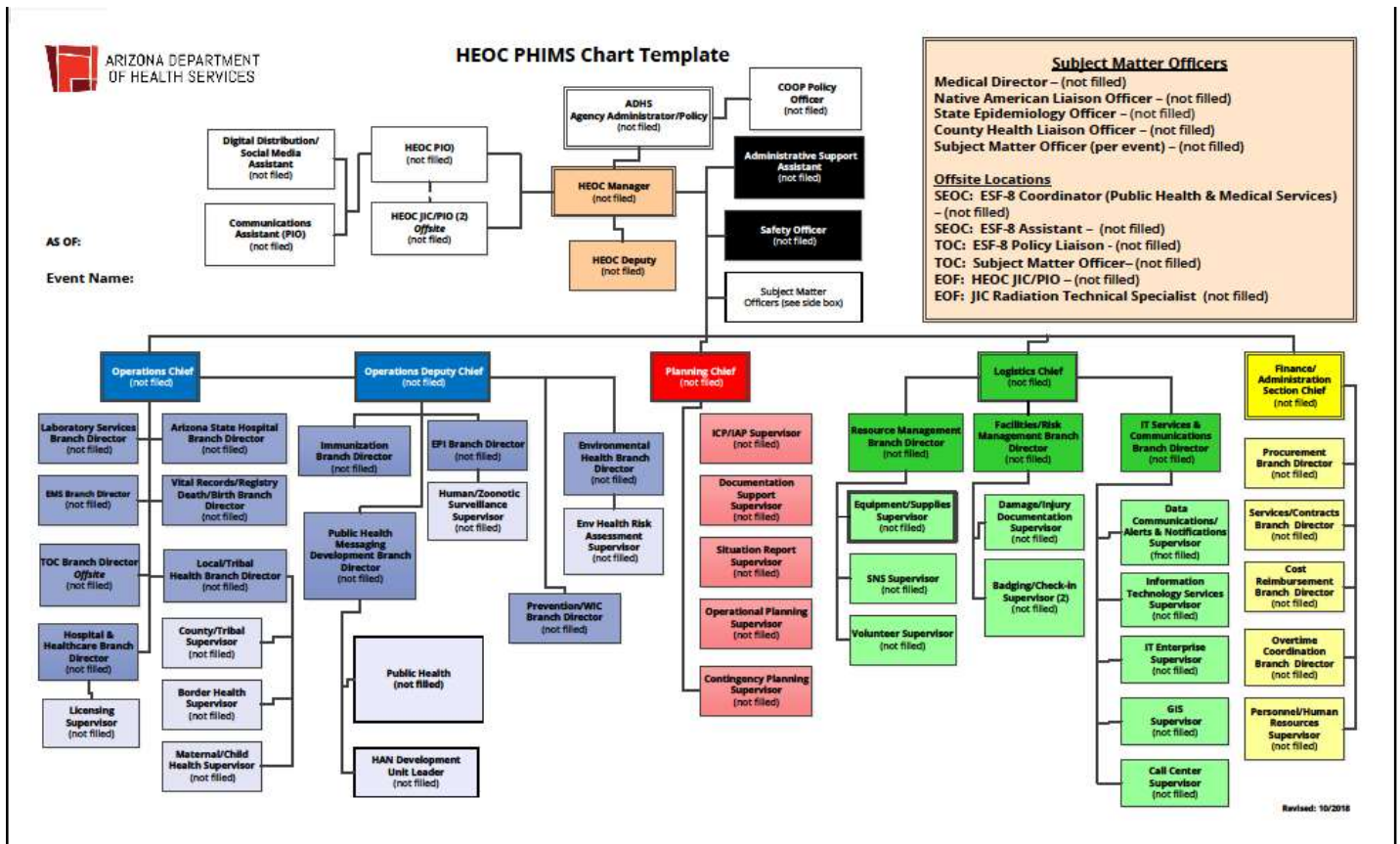
Acronym/Abbreviation	Description
ACDHH	Arizona Commission for the Deaf & Hard-of-Hearing
ADHS	Arizona Department of Health Services
ADOT	Arizona Department of Transportation
AFCCA	Arizona Funeral, Cemetery and Cremation Association
AHCCCS	Arizona Health Care Cost Containment System
AHERP	ADHS All-Hazard Emergency Response Plan
AME	Alternate Medical Examiner
ARC	American Red Cross
ARS	Arizona Revised Statutes
ASPR	Assistant Secretary of Preparedness and Response
AZAG	Arizona Attorney General
AZDPS	Arizona Department of Public Safety
AZMAC	Arizona Mutual Aid Compact
AZVMA	Arizona Veterinary Medical Association
AZVOAD	Arizona Voluntary Organizations Active in Disaster
BEDC	Bureau of Epidemiology and Disease Control
BPHEP	Bureau of Public Health Emergency Preparedness
BVR	Bureau of Vital Records
CDC	Center for Disease Control and Prevention
CEM	County Emergency Management
CFR	Code of Federal Regulations
COOP	Continuity of Operations Planning
CPH	County Public Health
CSO	County Sheriff's Office
DEMA	Department of Emergency and Military Affairs
DMORT	Disaster Mortuary Response
DoD	Department of Defense
EDR	Electronic Death Registration
EMAC	Emergency Management Mutual Aide Compact
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professional

Acronym/Abbreviation	Description
FAC	Family Assistant Center
FEMA	Federal Emergency Management Agency
FMP	Fatality Management Plan
FMPT	Fatality Management Plan Toolkit
HCC	Health Care Coalition
HEOC	Health Emergency Operations Center
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program
ME	Medical Examiner
MFI	Mass Fatality Incident
MHA AZ	Mental Health Association of Arizona
MMRS	Metropolitan Medical Response System
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NIMS	National Incident Management System
NRF	Nation Response Framework
OME	Office of the Medical Examiner
PCOME	Pima County Office of Medical Examiner
PHIMS	Public Health Incident Management System
PIO	Public Information Officer
PL	Public Law
PPE	Personal Protective Equipment
RBHA	Regional Behavioral Health Authorities
REC	Regional Emergency Coordinator
SEOC	State Emergency Operations Center
SERRP	State Emergency Response and Recovery Plan
SOP	Standard Operating Procedure
TRBHA	Tribal Regional Behavioral Health Authorities
USDHHS	United States Department of Health and Human Services
USFDA	United States Food and Drug Administration
USPHS	United States Public Health Services

Appendices

Appendix A: ADHS PHIMS Template

For a larger view, double-click on the image



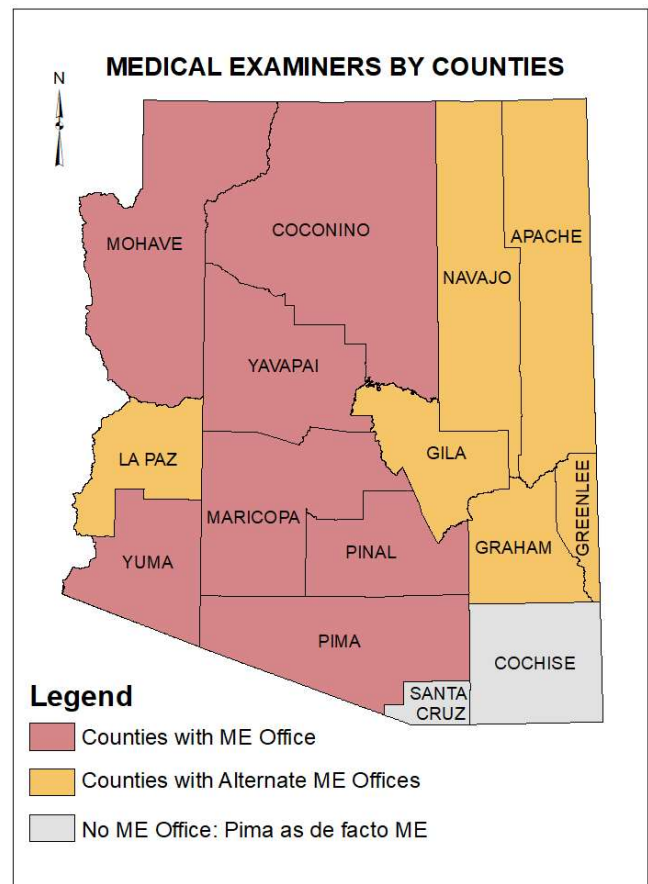
Appendix B: Medical Examiner Offices and Information

FACTS:

- Arizona has no State Medical Examiner (ME)
- Medical Examiner (ME) is the person responsible for investigation, recovery and body disposition or release within their respective jurisdiction.
- Alternate medical examiner is a physician who has training and competence in the principles of death investigation and who performs or directs the conduct of death investigations.

<https://www.azleg.gov/viewdocument?docName=https://www.azleg.gov/ars/11/00591.htm>

- There are seven (7) ME Offices in Arizona located in Coconino, Maricopa, Mohave, Pima, Pinal, Yavapai and Yuma counties. Pima County Office of Medical Examiner (PCOME) is *de-facto appointed ME* for the Santa Cruz and Cochise Counties. PCOME contracts with seven (7) additional smaller counties for fatality management services.



MEDICAL EXAMINERS ARE:

- Physician licensed by Arizona Medical Board
- Trained and experienced in pathology, toxicology, histology, and other medico-legal science
- Forensic pathologist who performs or directs the conduct of death investigations.
- Direct a death investigation, and determine whether an external examination or autopsy is required.

MEDICAL EXAMINER GENERALLY INVESTIGATES DEATHS:

- All unnatural and suspicious deaths
- Death of a child
- Death of a prisoner
- Suicide or suspected suicide
- When a person is found dead and the circumstances of death are not known
- When attending physician cannot certify the cause of death